

Boys & Girls Clubs of the Western Reserve

2011-2012 School Year Membership Application

September 12, 2011 – June 7, 2012

Membership Fee - \$10.00 • No Refunds

Location

- Arlington
- Annex
- Eller
- Joy Park

Disclaimer: Students ages 5-18 are eligible for enrollment. Completion of one full year of school (K-or higher grade level) and current school enrollment is required for membership.

FOR STAFF USE ONLY

CARD NUMBER _____ [] NEW MEMBER [] RENEWAL
DATE RECEIVED _____ STAFF _____ RECEIPT # _____

CHILD'S NAME: Last: _____ First: _____ Middle: _____

STREET ADDRESS _____ APT# _____

CITY _____ ZIP _____ PHONE # _____ CELL/WORK# _____

GENDER: [] M [] F AGE _____ DATE OF BIRTH _____ SCHOOL _____ GRADE _____

EMAIL _____

PRIOR CLUB MEMBER? [] NO [] YES WHERE? _____ NUMBER OF YEARS _____

ETHNIC ORIGIN: [] African American [] Caucasian [] Asian [] Hispanic [] Multi-Racial [] Other _____

Are you a U.S. citizen? [] No [] Yes

FAMILY INFORMATION

Annual Household Income (Please circle)

Under-\$15,000 \$15,001-\$ 20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001-\$50,000 \$50,000-Plus

Is the parent/guardian currently a member of the armed services? [] yes [] No

Is your family a resident of public housing? [] yes [] no

If yes, please mark what type of housing? [] Section 8 [] Scattered Sites [] Other _____

[] HUD [] Family Development Name of Development _____

Do you receive any form of public assistance? [] No [] Yes (This includes free and reduced lunch)

What type(s)? _____

With whom does the child live (please circle):

Both Parents Mother Father Grandparent(s) Other _____

Marital Status: Married Divorced Single Widowed

Mother's/guardian's name _____ **Father's/guardian's name** _____

Please list number of siblings in household: _____ Brother(s) _____ Sister(s) Others: _____

Please describe any medical problems, conditions, or special concerns regarding your child: _____

List all medications your child is taking: _____

Other organizations/clubs of which your child is a member: _____

EMERGENCY NUMBERS WHERE RELATIVES CAN BE REACHED DURING CLUB HOURS (REQUIRED FOR MEMBERSHIP):

1. EMERGENCY NAME AND PHONE # _____

2. EMERGENCY NAME AND PHONE # _____

3. EMERGENCY NAME AND PHONE # _____

Standards of Conduct

Respect yourself. Play fairly and be honest. Applaud the efforts of others. Avoid inappropriate language. Dress appropriately at all times. Running is reserved for athletics. Say only good things about others. Bring your membership card every day. Be respectful of Boys & Girls Club staff. Resolve disagreements in a positive way. Listen during appropriate times and assemblies. Be respectful of other members and their property. Tobacco, drugs, alcohol and weapons are prohibited. Participate only in program areas open to your assigned group. Take care of your Boys & Girls Club facility, grounds, and equipment.

Please read the following and sign indicating agreement:

I hereby give permission for my child (or ward) to become a member of the Boys & Girls Clubs of the Western Reserve (the "Club") and to participate in all programs and activities, on and off site including field trips, swimming or special activities. **I understand that the Club is NOT a daycare and that an open campus policy is in effect at all times. I further understand that the Club is NOT responsible for the time or manner in which my child (or ward) may arrive at or leave the facility and that licensing does not regulate the operation of the Club.**

I understand that arrangements for my child (or ward) to depart the club, either by walking or being picked up, must be made by closing time. I understand that I will be charged \$10 per 15 minute increment when arrangements are not implemented before the posted closing time. The Club reserves the right to contact the appropriate authorities for assistance when members are not picked-up by a reasonable time AND after all emergency contact alternatives have been exhausted.

In the event of an emergency I authorize Club staff to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment. I understand and agree that the Club does not provide medical insurance for my child (or ward). I understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward).

I understand and agree that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended or expelled from the Club without monetary refund.

I am aware that occasionally my child/ward may be away from the facility for a special program, swimming or field trip. I understand and agree that the Club is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club. I understand that these activities will be supervised by Club staff/volunteers but that supervision can not guarantee my child's safety while s/he participates in such activities. I further understand that some of these activities are potentially dangerous and that the Club does not and cannot provide any assurance that my child will not be injured while participating.

I understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward).

Authorization of medical and/or surgical treatment. The authorization granted herein will be used only when absolutely necessary in case of a minor it will be used only after every attempt has been made to contact the parent. If my child (or ward) requires medical attention and I can not be reached in a timely fashion, I give permission to the staff/designees of the Boys & Girls Clubs of the Western Reserve to transport, hospitalize, and secure any medical treatments they deem necessary including, but not limited to, X-rays, routine tests, injections, and surgery. I accept full financial responsibility for such treatments or medical attention.

Authorization: In case of emergency, I hereby authorize the doctor/hospital to which my child may be brought and whomever he/she may designate as their assistant to perform any emergency and/or operation to give treatment and the administration of anesthetics.

I give consent for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club activities) to be used for publicity/fundraising purposes. I give permission for the Club to use my child's (or ward's) name or any fictitious one for publicity/fundraising purposes.

I give consent for my children (or ward's) report card grades to be released to the Boys & Girls Clubs of Western Reserve for the current or most recent school year. I understand this information will help Boys & Girls Clubs to better plan services and evaluate programs for my child.

I affirm that I have received and will read the club's Parent/Member Orientation Handbook.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for himself or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Ohio.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____